

Revised Language for Sections 2 and 8 of CY 2000 Model Evidence of Coverage

Section 2 - Eligibility, Enrollment, and Effective Date

Who is Eligible to Enroll in [name of M+C Plan] ?

General Requirements

Generally, a Medicare beneficiary is eligible to enroll in [name of M+C Plan] if the following two conditions are satisfied :

- C He or she is entitled to Medicare Part A (see definition in Section 1 above) and is enrolled in Medicare Part B (see definition in Section 1 above) as of the effective date of enrollment in [name of M+C Plan]; and
- C He or she lives in the Service Area covered by the [name of M+C Plan] as described in Section 15.

There are some exceptions to the general rule, though, and some other eligibility rules:

- C A Medicare beneficiary is not normally eligible to enroll in [name of M+C Plan] if he or she has end-stage renal disease (ESRD) - that is, permanent kidney failure which requires regular kidney dialysis or a transplant to maintain life. However, if an individual is already enrolled with [name of M+C Organization] when he or she develops ESRD, and is still enrolled with [name of M+C organization] at the time he or she becomes entitled to Part A & Part B of Medicare [note to those M+C Organizations with an approved Continuation Area: add the following: (even if he or she is living in the Continuation Area)], then he or she can be enrolled in an M+C plan offered by [name of M+C Organization] provided he or she continues to live in the Service Area [or Continuation Area]. If you were a [name of M+C Organization]] enrollee when you developed ESRD, you cannot be disenrolled from [name of Organization]] for that reason.
- C A person who was a Member on or before December 31, 1998 and who was on that day entitled only to Part B of Medicare was deemed to be an enrollee of [name of Plan] and is eligible to continue enrollment in [name of M+C Plan] if that person continues to reside in the Service Area [or Continuation Area]. (If you are later disenrolled from [name of M+C Plan], however, you are not eligible to enroll in the [name of M+C Plan] unless you satisfy the eligibility requirements under the heading “General Requirements,” above).
- C [For M+C Organizations with approved continuation areas, add the following:
- C [A person enrolled in the [name of M+C Organization] and who lives in the Continuation Area of the [name of M+C Organization] when he or she becomes entitled to Part A and Part

B of Medicare may enrollee in [name of M+C Plan].

- C [An enrollee of [name of M+C Plan] who moves permanently from the Service Area to the Continuation Area of the Plan may continue enrollment in the [M+C Plan]].
- C A Medicare beneficiary must complete and sign an individual enrollment-election form to enroll in [name of M+C Plan]. If another person assists in the completion of the individual enrollment-election form, that person must also sign.
- C A Medicare beneficiary who has enrolled in [name of M+C Plan] agrees to abide by the Plan rules.

Beneficiaries who meet the above eligibility requirements cannot be denied membership in [name of M+C Plan] on the basis of health status.

Enrollment

There are a number of times at which an eligible individual may enroll in [name of M+C Plan]. Eligible individuals can enroll in [name of M+C Plan] at the following times:

- C Initial Election Period. You may elect to enroll in an M+C Plan when you first become entitled to both Part A and Part B of Medicare. The Initial Election Period begins on the first day of the third month before the date on which you are entitled to both Part A and Part B and ends on the last day of the month before the date on which you become eligible for both Parts of Medicare.
- C Annual Election Period. During the month of November, all M+C Plans are required to accept enrollment-elections, which will be effective the following January 1. During the November Annual Election Period, you can enroll in [name of M+C Plan] or change your enrollment-election from [name of M+C Plan] to original Medicare or to a different M+C Plan. Beneficiaries enrolled in original Medicare or another M+C Plan may also change enrollment-elections to any other M+C Plan, or enroll in [name of M+C Plan].
- C Special Election Period. Special periods of time in which an enrollee can discontinue enrollment in an M+C plan and change his/her enrollment to another M+C plan or return to original Medicare. In the event of the following circumstances, a Special Election Period is warranted: the M+C plan in which the member is enrolled is terminated; the enrollee moves out of the service area or continuation area of the M+C plan; the M+C Organization offering the plan violated a material provision of its contract with the enrollee; or, the enrollee meets such other material conditions as HCFA may provide.
- C [Open Enrollment Period. Note: For Organizations with an “open” enrollment period, the DF/EOC must describe the open election period as well. Certain restrictions apply to election of an M+C MSA. See section 1851(e)(5)].

A completed [name of M+C Plan] individual enrollment-election form must be submitted in order to be processed. *[Insert information on where to enroll/obtain enrollment-election form].*

Your decision to enroll in a M+C Plan is not considered effective on the date that we receive a completed election form from you or your authorized representative.

If for any reason an enrollment-election application is rejected by HCFA, we contact the applicant for additional information or provide instructions to follow regarding resubmission of the enrollment application.

You may not be enrolled in more than one Medicare+Choice Plan at any given time. If you are already a member of an M+C Plan when you elect enrollment with a different M+C Plan, membership in the old Plan will automatically be terminated on the effective date of your enrollment-election in the new M+C Plan.

When [name of M+C Plan] Coverage Begins

The Effective Date of enrollment in [name of M+C Plan] will depend on when [name of M+C organization] receives your signed and completed enrollment form. [Name of M+C organization] will send you a letter that tells you when your coverage begins.

In general, completed enrollment forms must be received by [Name of M+C organization] no later than the 10th of the month to be effective the first of the next month. Completed enrollment forms received after the 10th of the month will be effective the second month after your form is received by [Name of M+C organization]. For example, if [Name of M+C organization] receives your completed enrollment form on June 10, your Effective Date would be July 1. If your form was received on June 11, your Effective Date would be August 1.

There are two exceptions to this general rule:

- C Initial Election Period. In the case of an enrollment when you first become entitled to both Part A & Part B of Medicare, your enrollment will be effective as of the first day of the month that you have coverage under both Medicare Part A and Part B.
- C Annual Election Periods. Enrollment-elections received during the Annual Election Period in November are usually effective on January 1. However, if [name of M+C Plan] is "open" or has an Open Enrollment Period during the month of November, then completed enrollment forms received between November 1 and November 10 can be effective December 1.

From the Effective Date forward, all Covered Services must be received from [name of M+C Plan] Contracting Medical Providers, except for Emergency Services, Urgently Needed Services, out-of-area dialysis services or Covered Services for which Prior Authorization has been obtained. **If a [name of M+C Plan] enrollee receives services from Non-Contracting Medical Providers without Prior Authorization, except for Emergency Services, Urgently Needed Services, or out-of-area dialysis services, neither the M+C Organization nor Medicare will pay for those services.** [NOTE TO ORGANIZATION: M+C Organizations with exceptions to the above "lock-in" language should include appropriate language (e.g. POS, PPO, etc.)]

About your Medicare Supplement (Medigap) Policy

If you were enrolled in Original Medicare before you enrolled in [name of M+C plan], and you have a Medicare supplement (Medigap) policy, you may wish to cancel the policy. This is because premiums, copayments, or other amounts that M+C plans charge for Medicare covered services will not be reimbursed by Medicare supplement policies.

However, if you later disenroll from [name of M+C plan][the M+C plan], you may not be able to purchase another Medigap policy of your choice, because the Medigap insurer may be entitled to refuse to sell you a policy, or place limits on the policy, based on your health status.

In certain cases, you will be entitled to purchase specific Medigap policies without regard to your health status. In particular:

- C If you are involuntarily disenrolled from [name of M+C Plan] for a reason that does not involve any fault on your part (e.g., you move out of the [name of M+C Plan] Service Area or [name of M+C Plan] no longer provides Medicare services), you will be entitled to purchase any Medigap Plan “A,” “B,” “C” or “F” sold in your State.
- C If this is the first time you have enrolled in a Medicare managed care plan, and you voluntarily disenroll within twelve months, you will be entitled to purchase the same Medigap policy you had before, if it is still available from the same insurer. If it is not available, you will be entitled to purchase any Medigap Plan “A,” “B,” “C” or “F” sold in your State.

Note that if you enrolled in [name of M+C plan] when you first became eligible for Medicare at age 65, and disenroll within twelve months, you will be entitled to purchase any Medigap policy sold in your State.

In any of these situations, you must apply for the Medigap policy no later than 63 days after your coverage under [name of M+C Plan] terminates, although you may apply before your coverage ends in order for the Medigap policy to take effect as soon as you return to Original Medicare. You will be required to provide the Medigap insurer with evidence of the date your coverage ends. Please call the [name of M+C organization] Customer Service for additional information regarding your guaranteed right to purchase a Medigap policy.

Section 8 - Disenrollment From [name of M+C Plan]

Voluntary Disenrollment

You may choose to end your membership in [name of M+C Plan] for any reason. If you wish to disenroll, write a letter or complete a Disenrollment form and send it to the [name of M+C Organization] Customer Service department. We will send you a copy of your written request to disenroll.

The date of your disenrollment will depend on when [name of M+C Organization] receives your written request to enroll.

In general, written requests to disenroll must be received by [Name of M+C organization] no later than the 10th of the month to be effective the first of the next month. Written requests to disenroll that are received after the 10th of the month will be effective the second month after your request is received by [Name of M+C organization]. For example, if [Name of M+C organization] receives your disenrollment request on June 10, your Effective Date would be July 1. If your request was received on June 11, your Effective Date would be August 1.

There is an exception to this general rule. Disenrollment requests received between November 1 and November 10 are usually effective December 1. However, since the month of November is also the Annual Election Period, you can ask for a January 1 effective date.

[Name of M+C organization] will send you a letter that tells you when your disenrollment begins.

You may also disenroll through any Social Security Administration or Railroad Retirement Board office.

Even though you have requested disenrollment, you must continue to receive all covered services from [name of M+C Plan] Contracting Medical Providers until the date your disenrollment is effective.

You will be covered by Original Medicare after you Disenroll from [name of M+C Plan] unless you have joined another Medicare+Choice Plan.

Moves or Extended Absences From the [name of M+C Plan] Service Area

If you are permanently moving out of the [name of M+C Plan] Service Area, or plan an extended absence, it is important to notify us of the move or extended absence before you leave the Service Area. You may be eligible to continue to receive benefits if you are in the Plan's continuation area, as described in Section 15.

Failure to notify [name of M+C Organization] of a permanent move or an extended absence may result in your involuntary disenrollment from [name of M+C Plan]. We are required to disenroll you if you permanently move outside the service area. (An absence from the service area [and

continuation area, if applicable] of more than 12 months is considered a permanent move. See Section 15). If you remain enrolled after a move or extended absence (and have not been involuntarily disenrolled as described above), you should be aware that services will not be covered unless they are received from a [name of M+C Plan] provider in the [name of M+C Plan] Service area (except for Emergency Services, Urgently Needed Services, out-of-area dialysis and Prior Authorized Referrals).

[name of M+C Organization] currently offers M+C Plans in the following [states/counties]: XX, XX, XX, XX, XX, XX, and XX. If you are moving outside of your [name of M+C Plan] Service Area, you may be eligible to enroll in a different M+C Plan offered by [name of M+C Organization] in your new location. Plan Premiums, Copayments/Coinsurance and Covered Services may vary from one area to another, please contact M+C Organization Customer Service at 1-800-XXX-XXXX [include TTY # for the “hearing impaired” - list hours of operation for both #s] for information and assistance in completing any necessary paperwork. You may also call 1-800-MEDICARE for information on other plans available in your new area, or visit HCFA’s website at www.medicare.gov.

Involuntary Disenrollment

The [name of M+C Organization] may Disenroll you from [name of M+C Plan] only under the conditions listed below. You will not be Disenrolled due to your health status.

1. If you move permanently out of the Service Area and do not voluntarily Disenroll or choose Continuation of coverage^A;
2. If your entitlement to Medicare Part A or enrollment in Part B benefits ends;
3. If you supply fraudulent information or make misrepresentations on your individual election form which materially affects your eligibility to enroll in [name of M+C Plan] ^{A,B};
4. If you are disruptive, unruly, abusive or uncooperative to the extent that your membership in [name of M+C Plan] seriously impairs our ability to arrange Covered Services for you or other individuals enrolled in the plan. Involuntary Disenrollment on this basis is subject to prior approval by HCFA^A;
5. You allow another person to use your [name of M+C Plan] membership card to obtain Covered Service^{A,B};
6. You fail to pay the Plan basic [or optional supplemental, if applicable] Premiums. Disenrollment in this case is subject to the 90-day grace period for late payment of premiums^A; or
7. The contract between the [name of M+C Organization] and HCFA under which [name of M+C Plan] is offered is terminated^C, or the [name of M+C Plan] service area or continuation area is reduced.^A

^A Disenrollment on these grounds can only occur after you have been provided notice with an explanation of the reasons for the disenrollment and information on [name of M+C Organization] applicable grievance rights. HCFA must also be notified, if disenrollment is due to reasons 3-5.

^B Requires a referral to the Inspector General and may result in criminal prosecution;

^C The contract with HCFA is renewed on an annual basis. At the end of each contract year, the contract can be ended by either the M+C Organization or HCFA. If the M+C Organization ended the contract, you would receive a minimum ninety-(90)-day notification before the end of the contract. If HCFA ended the contract you would receive a minimum thirty-(30)-day notification. We would explain what your options are at that time. For example, there may be other M+C Plans in the area for you to join, if you wish. Or you may wish to return to Original Medicare and possibly obtain supplemental health insurance. Whether you enroll in another Medicare+Choice Plan or not, there would be no gap in Medicare coverage. Until returning to Original Medicare coverage, you would still be a Member of [name of M+C Plan].

Until you are notified in writing of your Disenrollment, you are still considered a [name of M+C Plan] Member and must continue to receive Covered Services from Contracting Medical Providers. Neither the [name of M+C Plan] nor Medicare will pay for services received from Non-Contracting Medical Providers, except for Urgently Needed Services, Emergency Services [anywhere in the world], out-of-area dialysis services and Referrals that have received Prior Authorization.

Review of Termination and Reinstatement

No Member shall be Disenrolled because of the Member's health status or requirements for health care services. Any Member who believes he/she was Disenrolled by the [name of M+C Organization] because of the Member's health status or requirements for health care services should bring the matter to the attention of the local HCFA Regional Office.

[NOTE TO HEALTH PLAN: In the event there are specific State requirements related to involuntary disenrollment and/or if M+CO members have additional rights through a State mandated grievance process when involuntary disenrollment is initiated, please list those additional rights here.]